

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 20747/250 (ARDBW/P29268US)						
<b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.  Signature: _____ Name: _____	In re Application of Finn Larsen  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Application Number 10/527,924</td> <td style="width: 40%; padding: 2px;">Filed August 10, 2005</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For EFFERVESCENT FORMULATIONS COMPRISING APOMORPHINE</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 1618</td> <td style="padding: 2px;">Examiner Nabila G. Ebrahim</td> </tr> </table>		Application Number 10/527,924	Filed August 10, 2005	For EFFERVESCENT FORMULATIONS COMPRISING APOMORPHINE		Group Art Unit 1618	Examiner Nabila G. Ebrahim
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For EFFERVESCENT FORMULATIONS COMPRISING APOMORPHINE								
Group Art Unit 1618	Examiner Nabila G. Ebrahim							
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)  <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)  <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)  <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)  <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)         </div> <div style="width: 25%; text-align: right;">           \$ _____            \$ <u>450</u>            \$ _____            \$ _____            \$ _____         </div> </div> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge all fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u>.          I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.                              Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).                              Registration number if acting under 37 CFR 1.34(a) _____.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p style="text-align: center;">_____ /Edwin V. Merkel/ Signature</p> <p style="text-align: center;">_____ Edwin V. Merkel Typed or printed name</p> </div> <div style="width: 45%; text-align: right;"> <p style="text-align: center;">_____ October 4, 2006 Date</p> <p style="text-align: center;">_____ (585) 263-1128 Telephone Number</p> </div> </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>								
<input type="checkbox"/> Total of _____ forms are submitted.								

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